

FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

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I	OMB APPROVAL				
ſ	OMB Number:	3235-0076			
ľ	Expires:	May 31, 2005			
١	Estimated avera	ige burden			
	hours per respo				

SEC USE ONLY							
Prefix	Serial						
DATE REC	DEIVED						
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UNIFO	RM LIMITED OFFERING EXEM	PTION
• \L	nent and name has changed, and indicate change.)	<i>5</i> ¹
Wilken Capital Offshore Fund, Ltd. C Filing Under (Check box(es) that apply): R Type of Filing: New Filing Amendmen	ile 504 Rule 505 Rule 506 Section 4(6)	ULOE
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issu	er	MAY 7 0 0
Name of Issuer (check if this is an amendmen	t and name has changed, and indicate change.)	1000 122
Wilken Capital Offshore Fund, Ltd.		in the second second
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Kingston Chambers, PO Box 173, Road To		284-494-3384
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Type of Business Organization X corporation limite	anaged by Wilken Capital Management, LLC	PROCESSED lease specify): A 2004
	Month Year ization: OT OT 4 X Actual Estin er two-letter U.S. Postal Service abbreviation for State V for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of sec 77d(6).	urities in reliance on an exemption under Regulation D o	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
	15 days after the first sale of securities in the offering, he date it is received by the SEC at the address given be States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Com-	mission, 450 Fifth Street, N.W., Washington, D.C. 20:	549.
Copies Required: Five (5) copies of this notice mus photocopies of the manually signed copy or bear type	it be filed with the SEC, one of which must be manually ned or printed signatures.	y signed. Any copies not manually signed must be
	ll information requested. Amendments need only repormaterial changes from the information previously suppl	

Filing Fee: There is no federal filing fee. State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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2. Enter the information requested for the following:	
 Each promoter of the issuer, if the issuer has been organized within the past five years; 	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the i	ssucr
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and	
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: X Promoter Beneficial Owner Executive Officer Director General and/or	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual) Suttle, M. Kent	
Business or Residence Address (Number and Street, City, State, Zip Code)	
3379 Peachtree Road, Suite 960, Atlanta, Georgia 30326	
Check Box(es) that Apply: X Promoter Beneficial Owner X Executive Officer X Director General and/or Managing Partner	
Full Name (Last name first, if individual) Noltes, G. Jan Willem	
Business or Residence Address (Number and Street, City, State, Zip Code) 3379 Peachtree Road, Suite 960, Atlanta, Georgia 30326	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Crol, Conrad-Jan	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Zevenend 45-I, 1251 RL Laren N.H., Postbus 15, 1250 AA LAREN (NH), Netherlands	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	—
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	—
/	

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? \(\text{ \text{No}} \) Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? \(\text{ \text{ \text{Yes}}} \) \$\frac{\text{500,000*}}{\text{ \text{ \text{Subject to waiver.}}} \) \$\frac{\text{ \text{Subject to waiver.}}}{ \text{ \tex										
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?										
2. What is the minimum investment that will be accepted from any individual? * Subject to waiver. * Subject to waiver. Yes No 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such										
* Subject to waiver. Yes No Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such										
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or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such										
a broker or dealer, you may set forth the information for that broker or dealer only.										
Full Marra (Last name Start 16 individual)										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Name of Associated Broker or Dealer										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers										
(Check "All States" or check individual States)										
AL AK AZ AR CA CO CT DE DC FL GA HI ID]									
IL IN IA KS KY LA ME MD MA MI MN MS MO]									
MT NE NV NH NI NM NY NC ND OH OK OR PA										
RI SC SD TN TX UT VT VA WA WV WI WY PR	l									
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Name of Associated Broker or Dealer										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers										
(Check "All States" or check individual States)										
AL AK AZ AR CA CO CT DE DC FL GA HI ID										
IL IN IA KS KY LA ME MD MA MI MN MS MO										
MT NE NV NH NJ NM NY NC ND OH OK OR PA										
RI SC SD TN TX UT VT VA WA WV WI WY PR										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Business of Residence Address (Number and Street, City, State, 21p Code)										
Name of Associated Broker or Dealer										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers										
(Check "All States" or check individual States)										
AL AK AZ AR CA CO CT DE DC FL GA HI ID										
IL IN IA KS KY LA ME MD MA MI MN MS MO										
MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR										

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price	=	Ar	nount Already Sold
	Debt	S		\$	
	Equity	150,000,00	00	\$	0
	Convertible Securities (including warrants)	<u> </u>		\$	
	Partnership Interests		_	\$	
	Other (Specify)			\$	
	Total	150,000,0	00	\$	
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors			Aggregate ollar Amount f Purchases
	Accredited Investors	0	_	\$_	0
	Non-accredited Investors	0	_	\$_	0
	Total (for filings under Rule 504 only)		_	s _	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type of Security		Œ	ollar Amount Sold
	Rule 505	NA	_	\$_	NA
	Regulation A	NA	_	\$_	NA
	Rule 504	NA		\$	NA
	Total	NA	_	\$	NA
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		_	-	
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs		Z	\$	1,000
	Legal Fees		_ 	\$	6,000
	Accounting Fees			\$	
	Engineering Fees		_	\$	
	Sales Commissions (specify finders' fees separately)		_	s	
	Other Expenses (identify) blue sky filing fees		<u> </u>	\$	2,000
	Total	•		\$	9,000

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-	b. Enter the difference between the aggre	gate offering price gi	ven in response to Part C —	Question 1		and the second second		
	and total expenses furnished in response to I proceeds to the issuer."						\$ 14	9,991,000
5.	Indicate below the amount of the adjusted each of the purposes shown. If the amou check the box to the left of the estimate. The proceeds to the issuer set forth in response	nt for any purpose in total of the paymen	is not known, furnish an es nts listed must equal the adju	timate and				
					Ó Dire	ments to fficers, ectors, &		ayments to Others
	Salaries and fees				•			^
	Purchase of real estate			_	-		. 🗆 \$_ . 🔲 \$_	
	Purchase, rental or leasing and installatio and equipment	n of machinery	•	_		•	. 🗆 s _	
	Construction or leasing of plant buildings			_			· □ •_ · □ \$_	0
	Acquisition of other businesses (including offering that may be used in exchange for	g the value of secur	ities involved in this		J *			
	issuer pursuant to a merger)] \$	0	_ \$_	00
Repayment of indebtedness] \$			0	
				_	,			0
	Other (specify): purchase of portfolio securities] \$	0	⋉ \$_	149,962,000	
] \$	0	□ s _	0
	Column Totals] \$_2	9,000	⅓ \$_	149,962,000
	Total Payments Listed (column totals add	ed)				☒\$	149,99	<u>1,0</u> 00
			internation of the contraction o					
sign the	issuer has duly caused this notice to be signo nature constitutes an undertaking by the issu information furnished by the issuer to any	er to furnish to the non-accredited inve	U.S. Securities and Exchangestor pursuant to paragraph	ge Commiss (b)(2) of Ri	ion, u ule 50	pon writte		
1551	er (Print or Type)	Signature			ate 5	10.04	1	
No.	Wilken Capital Offshore Fund, Ltd.	Title of Si	Print or Type)		<u> </u>		1	
IVai	ne of Signer (Print or Type)	1 1 1	7					
	G. Jan Willem Noltes	1 / 9"	airman					
	* The Investment Manager and its a of net asset value and a quarterly In addition, the issuer will pay or \$35,000 of organizational and off	reimburse Wilke	ual to up to 20% of realize n Capital Management, L	ed and unre LC and its	ealize	d share a	appreci	

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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)